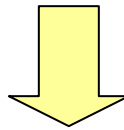


RESPONSE TO PETITION FOR DISSOLUTION, LEGAL SEPARATION OR NULLITY

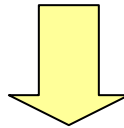
Note: you (the Respondent) have 30 days from the date of service to file a Response with the required Proof of Service form attached.

3 STEPS:

STEP 1. COMPLETING THE PAPERWORK.



STEP 2. SERVING THE DOCUMENTS.



STEP 3. FILING THE FORMS AND PROOF OF SERVICE.

RESPONSE TO PETITION FOR DISSOLUTION, LEGAL SEPARATION OR NULLITY (CONTINUED)

STEP 1. COMPLETING THE PAPERWORK

STANDARD FORMS THAT MUST BE COMPLETED

- ☐ Form FL-120, **Response** (2 pages)
- ☐ Form FL-335, **Proof of Service by Mail** (2 pages)
- ☐ or... Form FL-330, **Proof of Personal Service** (2 pages)

If minor children (under 18 years old) are involved:

- ☐ Form FL-105/GC120, **Declaration Under Uniform Child Custody Jurisdiction and**
- ☐ **Enforcement Act (UCCJEA)** (2 pages)
Use **only** if there are minor children involved
- ☐ Form FL-105.3c **Attachment to Declaration Under Uniform Child Jurisdiction and**
- ☐ **Enforcement Act (UCCJEA)** (1 page) [Use this form if more than 2 children are involved in this case]

MAKE TWO COPIES OF ALL FORMS USED

Make two (2) copies of all forms used. One (1) copy of each form will be served on your spouse (**see Step 2**). You will submit the original and one (1) copy to the Clerk who will keep the original and return your copy to you (**see Step 3**).

The forms can be typed or completed in
black ink, neatly and clearly.

RESPONSE TO PETITION FOR DISSOLUTION, LEGAL SEPARATION OR NULLITY (CONTINUED)

STEP 2. SERVING THE DOCUMENTS

SERVE ON YOUR SPOUSE ONE COPY OF ALL FORMS USED:

- ☐ Form FL-120, **Response** (2 pages)
- ☐ Form FL-105/GC120, **Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)** (2 pages) (Only if minor children are involved)
- ☐ Form FL-105.3c **Attachment to Declaration Under Uniform Child Jurisdiction and Enforcement Act (UCCJEA)** (1 page) [Use this form if more than 2 children are involved in this case]

Note: All of these documents must be delivered to your spouse (the Petitioner) by someone other than you, who is over 18, and not a party to the case. The forms may be mailed or served in person.

HAVE THE SERVER COMPLETE THE “PROOF OF SERVICE” FORM:

The **person who serves the documents must then complete and sign the Proof of Service form**, listing every document that was served:

- ☐ Form FL-330, **Proof of Personal Service** (2 pages)
- or... ☐ Form FL-335, **Proof of Service by Mail** (2 pages)

RESPONSE TO PETITION FOR DISSOLUTION, LEGAL SEPARATION OR NULLITY (CONTINUED)

STEP 3. FILING THE FORMS AND PROOF OF SERVICE

Note: you (the Respondent) have 30 days from the date the petition was served to you to file a Response with the required Proof of Service form attached.

SUBMIT FORMS & FILING FEES TO THE CLERK:

- ☐ Submit to the Clerk the **original and 1 copy** of all forms used.
- ☐ Submit the **First Filing Fee**, unless you qualify for a “fee waiver.” (*See Fee Waiver packet.*)
- ☐ The Clerk will **file-stamp the copy**.
- ☐ The Clerk will **keep the original** of all forms used and **will return the filed copy to you**.

Note: all documents that must be filed **can be filed at any of the following locations :**

- The Clerk’s Office, 4th Floor, Downtown Courthouse
- Any of the outlying courts in Fresno County

How to fill out

RESPONSE (FL-120)

DIRECTIONS

- Find the number on the sample form.
Example: ①
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink.
- If you know the CASE NUMBER fill it in. If not known, leave it blank.

FL-120									
<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):</p> <p style="text-align: center;">①</p> <p>TELEPHONE NO. (Optional): FAX NO. (Optional):</p> <p>E-MAIL ADDRESS (Optional):</p> <p>ATTORNEY FOR (Name):</p> <hr/> <p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</p> <p>STREET ADDRESS: ②</p> <p>MAILING ADDRESS:</p> <p>CITY AND ZIP CODE:</p> <p>BRANCH NAME:</p> <hr/> <p>MARRIAGE OF</p> <p>PETITIONER: ③</p> <hr/> <p>RESPONDENT:</p> <p>④</p> <p>RESPONSE <input type="checkbox"/> and REQUEST FOR</p> <p><input type="checkbox"/> Dissolution of Marriage</p> <p><input type="checkbox"/> Legal Separation</p> <p><input type="checkbox"/> Nullity of Marriage ④</p> <p><input type="checkbox"/> AMENDED</p> <hr/> <p>CASE NUMBER:</p>	<p style="text-align: center; font-size: x-small;">FOR COURT USE ONLY</p>								
<p>⑤ RESIDENCE (Dissolution only) <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of the <i>Petition for Dissolution of Marriage</i>.</p>									
<p>⑥ STATISTICAL FACTS</p> <p>a. Date of marriage: c. Period between marriage and separation</p> <p>b. Date of separation: Years: Months:</p>									
<p>⑦ DECLARATION REGARDING MINOR CHILDREN (include children of this relationship born prior to or during the marriage or adopted during the marriage):</p> <p>a. <input type="checkbox"/> There are no minor children.</p> <p>b. <input type="checkbox"/> The minor children are:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Child's name</th> <th style="text-align: left; border-bottom: 1px solid black;">Birth date</th> <th style="text-align: left; border-bottom: 1px solid black;">Age</th> <th style="text-align: left; border-bottom: 1px solid black;">Sex</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Child's name	Birth date	Age	Sex				
Child's name	Birth date	Age	Sex						
<p>⑧ <input type="checkbox"/> Continued on Attachment 3b.</p>									
<p>⑨ c. If there are minor children of the Petitioner and Respondent, a completed <i>Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)</i> (form FL-105) must be attached.</p> <p><input type="checkbox"/> A completed voluntary declaration of paternity regarding minor children born to the Petitioner and Respondent prior to the marriage is attached.</p>									
<p>4. <input type="checkbox"/> Respondent requests confirmation as separate property assets and debts the items listed</p> <p><input type="checkbox"/> in Attachment 4 <input type="checkbox"/> below: <u>Confirm to</u></p> <p>⑩ <u>Item</u></p>									
<p>NOTICE: Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.</p>									
<p>Form Adopted for Mandatory Use Judicial Council of California FL-120 (Rev. January 1, 2005)</p> <p style="text-align: center;">RESPONSE (Family Law)</p> <p style="text-align: right;">Page 1 of 2 Family Code, § 2020 www.courtinfo.ca.gov</p>									

- ①** Write your name and address. Write your phone, fax, and email address if want to.
- ②** If not done for you, write "Fresno" after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- ③** Write the name of the persons in the marriage. YOU are the "respondent" and your spouse (husband or wife) is the "petitioner."
- ④** Check box any of the boxes that apply. "Dissolution of Marriage" means divorce; "Legal Separation" means living apart but not divorced; "Nullity of Marriage" means the marriage should not have happened because of special reasons (see **⑩** on page two). "Amended" means you want to make changes to a form you already filed with the court.
- ⑤** This is only for divorce cases. Check Respondent if you have lived in California for at least six months, and in Fresno County for at least three months.
- ⑥** Write the date you were married, the date you separated (started living apart), and the number of years and months between the time you were married and the time you started living apart.
- ⑦** Check a. if you and your spouse have no children under age 18. Check b. if you and your spouse have children under 18 (born to you or adopted). List the children's names, their birthdays, age, and if a boy or girl.
- ⑧** If you need more space to write the children's names, check the box "Continued on Attachment 3b."
- ⑨** If there are children under 18 from the marriage, you must also fill out the form talked about in c. Check d. if you are attaching a declaration of paternity (who the father is). This is done for children born before the marriage.
- ⑩** "Separate property" means things bought before the marriage or after the husband and wife separated. Debts (money owed) can also be separate property. Check "below" and list separate property under Item. Write Petitioner or Respondent under Confirm to. If you need more space check "in Attachment 4." Use another piece of paper and write Attachment 4 on it.

MARRIAGE OF (last name, first name of parties): **11** CASE NUMBER:

12 5. DECLARATION REGARDING COMMUNITY AND QUASI-COMMUNITY ASSETS AND DEBTS AS CURRENTLY KNOWN
a. ☐ There are no such assets or debts subject to disposition by the court in this proceeding.
b. ☐ All such assets and debts have been disposed of by written agreement.
c. ☐ All such assets and debts are listed ☐ in Attachment 5c ☐ below (specify):

13 6. ☐ Respondent contends that there is a reasonable possibility of reconciliation.

14 7. ☐ Respondent denies the grounds set forth in item 6 of the petition.

15 8. Respondent requests
a. ☐ Dissolution of the marriage based on
(1) ☐ irreconcilable differences. Fam. Code, § 2310(a)
(2) ☐ incurable insanity. Fam. Code, § 2310(b)
b. ☐ Legal separation of the parties based on
(1) ☐ irreconcilable differences. Fam. Code, § 2310(a)
(2) ☐ incurable insanity. Fam. Code, § 2310(b)
c. ☐ Nullity of void marriage based on
(1) ☐ incestuous marriage. Fam. Code, § 2200
(2) ☐ bigamous marriage. Fam. Code, § 2201
d. ☐ Nullity of voidable marriage based on
(1) ☐ Respondent's age at time of marriage. Fam. Code, § 2210(a)
(2) ☐ prior existing marriage. Fam. Code, § 2210(b)
(3) ☐ unsound mind. Fam. Code, § 2210(c)
(4) ☐ fraud. Fam. Code, § 2210(d)
(5) ☐ force. Fam. Code, § 2210(e)
(6) ☐ physical incapacity. Fam. Code, § 2210(f)

16 9. Respondent requests that the court grant the above relief and make injunctive (including restraining) and other orders as follows:

	Petitioner	Respondent	Joint	Other
a. Legal custody of children to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical custody of children to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Child visitation be granted to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Supervised for:	<input type="checkbox"/>	<input type="checkbox"/>		
(2) No visitation for:	<input type="checkbox"/>	<input type="checkbox"/>		
(3) Continued on Attachment 9c(3):				
d. <input type="checkbox"/> Determination of parentage of any children born to the Petitioner and Respondent prior to the marriage.				
e. Spousal support payable to (wage assignment will be issued):	<input type="checkbox"/>	<input type="checkbox"/>		
f. Attorney fees and costs payable by:	<input type="checkbox"/>	<input type="checkbox"/>		
g. <input type="checkbox"/> Terminate the court's jurisdiction (ability) to award spousal support to Petitioner.				
h. <input type="checkbox"/> Property rights be determined.				
i. <input type="checkbox"/> Respondent's former name be restored (specify):				
j. <input type="checkbox"/> Other (specify):				

17 ☐ Continued on Attachment 9j.

18 10. If there are minor children born to or adopted by the Petitioner and Respondent before or during this marriage, the court will make orders for the support of the children. An earnings assignment will be issued without further notice.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME) (SIGNATURE OF RESPONDENT)

Date: _____

(TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY FOR RESPONDENT)

The original response must be filed in the court with proof of service of a copy on Petitioner.

FL-120 (Rev. January 1, 2003) RESPONSE (Family Law) Page 2 of 2

RESPONSE (FL-120)

- page two -

DIRECTIONS

- Find the number on the sample form.
Example: **15**
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink.
- If you know the CASE NUMBER fill it in. If not known, leave it blank.

- 11** Write the names (last, first) of the parties in the marriage. (I.e. *Smith v. Smith*)
- 12** Check: a. if you and your spouse have no assets (property) or debts (money you owe),
b. if you already have a written agreement, or
c. if you have not yet divided (separated) assets and debts.
Write assets and debts in the space provided and check "below" OR check "in Attachment 5c" if you need more space (use another piece of paper and write Attachment 5c at the top). List all property and debts you and your spouse got together or alone during the marriage. It does not have to be listed as "joint" property.
- 13** Check if you (Respondent) believe that you and your spouse might get back together.
- 14** Check if you say that *item #6 of the petition form* (your spouse's reason why the marriage should end) is not correct.
- 15** Check a. (1) for a divorce. Check b. (1) for a legal separation. Check c. for a Nullity and either (1) or (2) (most check #2).
- 16** Check all boxes for what you want the court to decide, but only one box for each line: "Petitioner" (your spouse), "Respondent" (you), or "Joint" (both share).
 - For c. you can check either box if you want the other party to visit, or check both boxes if parents are going to share the same amount of time with the child.
 - If you have other items you want the court to decide, write them on a separate piece of paper. Write Attachment 9j at the top of this page.
- 17** There is nothing to fill out, but you should read carefully.
- 18** Type or print your name on the left, and sign your name on the right (signature of respondent). Also put in the date (see where circled above).

How to fill out DECLARATION UNDER UNIFORM CHILD CUSTODY Jurisdiction and Enforcement Act (FL-105)

DIRECTIONS:

- Find the number on the sample form. *Example:* 1
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink.
- If you know the CASE NUMBER fill it in. If not known, leave it blank.

FL-105/GC-120

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Mailing Address): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		TELEPHONE NO.: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	FOR COURT USE ONLY
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		STREET ADDRESS: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	
MAILING ADDRESS: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		CITY AND ZIP CODE: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	
BRANCH NAME: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		CASE NUMBER: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)			

1. I am a party to this proceeding to determine custody of a child.

2. ☐ Declarant's present address is not disclosed. It is confidential under Family Code section 3429. The address of children presently residing with declarant is identified on this declaration as confidential.

3. (Number): minor children are subject to this proceeding as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name	Place of birth	Date of birth	Sex
Period of residence	Address	Person child lived with (name and present address)	Relationship
to present	<input type="checkbox"/> Confidential		
to			
to			
to			
to			
to			
b. Child's name	Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)			
Period of residence	Address	Person child lived with (name and present address)	Relationship
to present	<input type="checkbox"/> Confidential		
to			
to			
to			
to			

14. ☐ Additional children are listed on Attachment 3c. (Provide requested information for additional children on an attachment.)

Form Approved for Optional Use
Judicial Council of California
FL-105/GC-120 (Rev. January 1, 2003)

DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)

Page 1 of 2
Family Code, § 3400 et seq.
Probate Code, §§ 15100, 15112
www.courtinfo.ca.gov

- 1 Write your name, your mailing address, and telephone number (if any).
- 2 If not filled in for you, put in address. Write "Fresno" after COUNTY OF.
- 3 Write Petitioner's last name v. Respondent's last name. *Example: Smith v. Smith.* You are the "Petitioner" if you have started a case. You are the "Respondent" if another person started a case against you.
- 4 Check this box if you do not want to write your current address for reasons of safety. Fill in the number of children from the marriage (minor children – under age 18)
- 5 For the first child, fill in their first and last name.
- 6 Fill in city and state the child was born in.
- 7 The child's date of birth (month, day, year)
- 8 If the child is a boy, write M for male. If the child is a girl, write F for female.

For 9) through 12) give information from current (now) to later for the past 5 years:

- 9 The beginning and ending date the child lived at the address (from when to when).
- 10 The child's current address is at the top, then the next last place the child lived, etc. *If you do not want to write where the child lives now for safety reasons, check "confidential" and do not list address.*
- 11 Name of person (an adult) the child lives or lived with at the addresses you list.
- 12 Relationship means how the child is related to the adult. For example, mother or father.
- 13 Check the box below the second child's name ("Resident information is the same ...") if the information above is the same for this child. If you check this box you do not have to complete the boxes below.
- 14 For more children, check the box and fill out Attachment 3c.

SHORT TITLE: 16	CASE NUMBER:
--	--------------

4. Have you participated as a party or a witness or in some other capacity in another litigation or custody proceeding, in California or elsewhere, concerning custody of a child subject to this proceeding?
☐ No ☐ Yes (If yes, provide the following information:)

a. Name of each child: **17**

b. Capacity of declarant: ☐ party ☐ witness ☐ other (specify):

c. Court (specify name, state, location):

d. Court order or judgment (date):

5. Do you have information about a custody proceeding pending in a California court or any other court concerning a child subject to this proceeding, other than that stated in item 4?
☐ No ☐ Yes (If yes, provide the following information:)

a. Name of each child: **18**

b. Nature of proceeding: ☐ dissolution or divorce ☐ guardianship ☐ adoption ☐ other (specify):

c. Court (specify name, state, location):

d. Status of proceeding:

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody or visitation rights with any child subject to this proceeding?
☐ No ☐ Yes (If yes, provide the following information:)

a. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	b. Name and address of person 19 <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	c. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child
---	---	---

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date: _____

 (TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

7. **20** Number of pages attached after this page:

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding. **21**

FL-105/OC-120 (Rev. January 1, 2003) DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) Page 2 of 2

DECLARATION (FL-105)

- page two -

DIRECTIONS:

- ▶ Find the number on the sample form. *Example:* **16**
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

- 16** Write Petitioner's last name v. Respondent's last name. *Example:* Smith v. Smith
- 17** Check yes if you have ever been part of any legal case (in California or anywhere else) for custody of any child in this case.
 - If you check yes, fill out a. through d.
 - "Capacity of Declarant" asks if were you part of the case, a witness (called to testify/speak about the case), or in some other way involved.
- 18** Check yes if you know something about any pending (waiting for decision) custody case involving any child in this case.
 - If yes, fill out a. through d.
 - "Nature of proceeding" means type of case.
 - In "Status of proceeding" write what is now happening.
- 19** Give information about any person (other than you or your spouse) that the child lives with now, or thinks that they have custody or visiting rights.
- 20** Type or print your name (first, middle, last) on the line to the left, sign your name on the right.
- 21** Write in the number of pages that follow this one if you used any added pages to give more information.

DECLARATION (FL-105) – Attachment 3c

Child's name		Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)				
Period of residence	Address	Person child lived with (name and present address)		Relationship
to present	<input type="checkbox"/> Confidential			
to				
to				
to				
to				
Child's name		Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)				
Period of residence	Address	Person child lived with (name and present address)		Relationship
to present	<input type="checkbox"/> Confidential			
to				
to				
to				
to				
Child's name		Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)				
Period of residence	Address	Person child lived with (name and present address)		Relationship
to present	<input type="checkbox"/> Confidential			
to				
to				
to				
to				

Attachment 3c:
DECLARATION UNDER
UNIFORM CHILD CUSTODY JURISDICTION ACT (UCCJA)
FLFO

Martin Dwyer's Essential Forms TM
MD-1503C

- 15** Use this page if there are more than 2 children. Fill out the same way you did for the first two children. Ask for more forms if needed.

How to fill out

PROOF OF SERVICE BY MAIL (Family Law) FL-335

DIRECTIONS:

- ▶ Find a number on the sample form.
Example: ❶
- ▶ Go to the same number below to find out how to fill out the form
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

FL-335	
<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><small>ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17490) (Name, state bar number, and address):</small></div> <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><div style="text-align: center; font-weight: bold; font-size: 1.2em;">❶</div><small>TELEPHONE NO.: _____ FAX NO.: _____</small></div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><small>ATTORNEY (FOR NAME):</small> SUPERIOR COURT OF CALIFORNIA, COUNTY OF <small>STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____</small></div><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><small>PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARTY: _____</small></div></div><div style="width: 5%; text-align: center;"><div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; line-height: 20px; margin: 0 auto;">❷</div><div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; line-height: 20px; margin: 0 auto;">❸</div></div></div> <div style="border: 1px solid black; padding: 2px; text-align: center;">PROOF OF SERVICE BY MAIL</div>	<div style="border: 1px solid black; height: 100px; margin-bottom: 2px;"><small>FOR COURT USE ONLY</small></div> <div style="border: 1px solid black; padding: 2px;"><small>CASE NUMBER</small></div>

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:

❹
3. I served a copy of the following documents (*specify*):

❺

by enclosing them in an envelope AND
a. ☐ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. The envelope was addressed and mailed as follows:
a. Name of person served:
b. Address:
c. Date mailed:
d. Place of mailing (*city and state*):

❻
5. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

❼

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

Form Approved for Optional Use
Judicial Council of California
FL-335 (Rev. January 1, 2002)

PROOF OF SERVICE BY MAIL

Code of Civil Procedure, §§ 1013, 1013a
www.courtinfo.ca.gov

Page 1 of 2

NOTE: the person serving the papers will use this form if they mailed the papers.

- ❶ Write your name, address, and telephone number.
- ❷ If not filled in for you, write “Fresno” after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- ❸ Write the names of the parties. You are “Petitioner” if you started the case. You are “Respondent” if you did not.
- ❹ Write the home or business address of the person who will serve the papers.
- ❺ Write the names of the papers served. (For example, “Notice of Motion.”)
- ❻ Write the name and address of the person to whom the papers were mailed exactly as it was written on the envelope.
Write the date the envelope was mailed, and the city and state from which it was mailed.
- ❼ The person who mailed the papers will write the date at the bottom of the page, print his/her name, and sign his/her name.

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
 - a. Check this box if you put the documents in the regular U.S. mail.
 - b. Check this box if you put the documents in the mail at your place of employment.
4. a. Print the name you put on the envelope containing the documents.
b. Print the address you put on the envelope containing the documents.
c. Write in the date that you put the envelope containing the documents in the mail.
d. Write in the city and state you were in when you mailed the envelope containing the documents.
5. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.

**PROOF OF SERVICE
BY MAIL
(Family Law)
FL-335**

- page two -

There is nothing to fill out on this page, but you should read these instructions.

FL-330	
<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <small>ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, state bar number, and address):</small> <div style="text-align: center; font-size: 24px; font-weight: bold; margin: 10px 0;">1</div> </div> <div style="border-bottom: 1px solid black; padding: 5px 0 5px 20px;"> <small>TELEPHONE NO.:</small> _____ <small>FAX NO.:</small> _____ <small>ATTORNEY FOR (Name):</small> _____ </div> <div style="border-bottom: 1px solid black; padding: 5px 0 5px 20px;"> <small>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</small> <small>STREET ADDRESS:</small> _____ <small>MAILING ADDRESS:</small> _____ <small>CITY AND ZIP CODE:</small> _____ <small>BRANCH NAME:</small> _____ </div> <div style="border-bottom: 1px solid black; padding: 5px 0 5px 20px;"> <small>PETITIONER/PLAINTIFF:</small> <small>RESPONDENT/DEFENDANT:</small> _____ <small>OTHER PARTY:</small> _____ </div> <div style="border-bottom: 1px solid black; padding: 5px 0 5px 20px;"> <div style="text-align: center; font-weight: bold;">PROOF OF PERSONAL SERVICE</div> </div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <small>FOR COURT USE ONLY</small> </div> <div style="border-bottom: 1px solid black; padding: 5px 0 5px 20px;"> <small>CASE NUMBER</small> </div>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;">4</div> <p>1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.</p> </div> <div style="width: 45%;"> <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;">5</div> <p>2. Person served (name):</p> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;">6</div> <p>3. I served copies of the following documents (specify):</p> </div> <div style="width: 45%;"> <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;">7</div> <p>4. By personally delivering copies to the person served, as follows:</p> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;">8</div> <p>5. I am:</p> </div> <div style="width: 45%;"> <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;">9</div> <p>6. My name, address, and telephone number, and, if applicable, county of registration and number (specify):</p> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;">10</div> <p>7. <input type="checkbox"/> I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> </div> <div style="width: 45%;"> <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;">11</div> <p>8. I am a California sheriff or marshal and I certify that the foregoing is true and correct.</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>Date:</p> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div> <div style="width: 45%;"> <p>(SIGNATURE OF PERSON WHO SERVED THE PAPERS)</p> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)</p> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div> <div style="width: 45%;"></div> </div>	

Form Approved for Optional Use
Judicial Council of California
FL-330 (Rev. January 1, 2002)

PROOF OF PERSONAL SERVICE

Code of Civil Procedure, § 1011
www.courtinfo.ca.gov

Page 1 of 2

How to fill out

PROOF OF PERSONAL SERVICE (Family Law) FL-330

DIRECTIONS:

- ▶ Find a number on the sample form.
Example: 1
- ▶ Go to the same number below to find out how to fill out the form
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

NOTE: the person serving the papers will use this form if they personally served the papers.

- 1** Write your name, address, and telephone number.
- 2** If not filled in for you, write “Fresno” after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- 3** Write the names of the parties. You are the “Petitioner” if you started the case. You are the “Respondent” if you did not.

The rest of this form is filled out by the person who serves the party for you. You can’t serve the other party yourself. Someone who is over the age of 18 must **PERSONALLY** serve the other party. That person will complete the rest of this **PROOF OF SERVICE**.

- 4** Write the name of the person served.
- 5** Write the names and numbers of the papers served. (For example, “Notice of Motion.”)
- 6** Write in the date, address and time the papers were served.
- 7** Check box a., “not a registered California process server.”
- 8** Write the name, address and telephone number of the person who served the papers.
- 9** The person who mailed the papers will write the date at the bottom of the page, print his/her name, and sign his/her name.

INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

Use these instructions to complete the *Proof of Personal Service* (form FL-330).

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Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

1. You are stating that you are over the age of 18 and that you are neither a party of this action nor a protected person listed in any of the orders.
2. Print the name of the party to whom you handed the documents.
3. List the name of each document that you delivered to the party.
4. a. Write in the date that you delivered the documents to the party.
b. Write in the time of day that you delivered the documents to the party.
c. Print the address where you delivered the documents.
5. Check the box that applies to you. If you are a private person serving the documents for a party, check box "a."
6. Print your name, address, and telephone number. If applicable, include the county in which you are registered as a process server and your registration number.
7. You must check this box if you are not a California sheriff or marshal. You are stating under penalty of perjury that the information you have provided is true and correct.
8. Do not check this box unless you are a California sheriff or marshal.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.

PROOF OF PERSONAL SERVICE (Family Law) FL-330

- page two -

There is nothing to fill out on this page, but you should read these instructions.